| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |                |  |                              |   |       |                     |     |                     | Application or Docket Number |                               |                                |                        |  |
|--|----------------|--|------------------------------|---|-------|---------------------|-----|---------------------|------------------------------|-------------------------------|--------------------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |                |  |                              |   |       |                     |     | SMALL ENTITY TYPE   |                              |                               | OTHER THAN'<br>OR SMALL ENTITY |                        |  |
| U.S. NATIONAL STAGE FEES   |                |  |                              |   |       |                     | ]   | RATE                | FEE                          | 7                             | RATE                           | FEE                    |  |
| BASIC FEE  |                |  |                              |   |       | ٠.                  | 1   | BASIC FEE           |                              | OR                            | BASIC FEE                      | 700                    |  |
| EXAMINATION FEE  |                |  |                              |   |       |                     |     | EXAM. FEE           |                              | 1.                            | EXAM. FEE                      | 200                    |  |
| SEARCH FEE   |                |  |                              |   |       | ··                  | 1   | SEARCH FEE          |                              | 1                             | SEARCH FEE                     | 500                    |  |
| FEE FOR EXTRA SPEC. PGS.   |                |  | minus 100 =                  |   |       | / 50 =              |     | X \$ 125 =          |                              | 1                             | X \$ 250 =                     | 1                      |  |
| TOTAL CHARGEABLE CLAIMS  |                |  | minus 20 = *                 |   |       | <u> </u>            | 1   | X \$ 25 =           |                              | OR                            | X \$ 50 =                      | 102                    |  |
| INDEPENDENT CLAIMS   |                |  | minus 3 =                    |   |       | <u> </u>            | 1   | X \$ 100 =          |                              | OR                            | X \$ 200 =                     | 700                    |  |
| MUL  | TIPLE DEPEN    | DENT CLAIM PR                                | ESENT                        |   | L.,   |                     | 1 1 | + \$ 180 =          |                              | OR                            | + \$ 360 =                     |                        |  |
| * If   | the difference | in column 1 is                               | less than zero, enter "0" in |   |       | olumn 2             | , , | TOTAL               |                              | OR                            | TOTAL                          |                        |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY   |                |  |                              |   |       |                     |     |                     |                              | OTHER THAN<br>OR SMALL ENTITY |                                |                        |  |
| AMENDMENT A  |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |       | PRESENT<br>EXTRA    |     | RATE                | ADDI-<br>TIONAL<br>-FEE      |                               | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
|  | Total          | •  | Minus                        | **  |       | =                   |     | X \$ 25 =           |                              | OR                            | X \$ 50 =                      |                        |  |
|  | Independent    | •  | Minus                        | ***   |       | =                   |     | X \$ 100 =          |                              | OR                            | X \$ 200 =                     | ·                      |  |
|  | FIRST PRES     | ENTATION OF M                                | IULTIPLE DEP                 | ENDENT (                                    | CLAIM |                     |     | + \$ 180 =          |                              | OR                            | + \$ 360 =                     |                        |  |
|  |                |  | TOTAL ADDIT.<br>FFF          |   | OR    | TOTAL ADDIT.<br>FFF |     |                     |                              |                               |                                |                        |  |
|  |                | (Column 1)                                   |                              | (Colur                                      | mn 2) | (Column 3)          |     |                     |                              |                               |                                |                        |  |
| AMENDMENT B  |                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |                              | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |       | PRESENT<br>EXTRA    |     | RATE                | ADDI-<br>TIONAL<br>FEE       |                               | RATE                           | ADDI-<br>TIONAL<br>FEE |  |
|  | Total          | •  | Minus                        | **  |       | =                   |     | X \$ 25 =           |                              | OR                            | X \$ 50 =                      |                        |  |
|  | Independent    | * .  | Minus                        | ***   |       | =                   |     | X \$ 100 =          |                              | OR                            | X \$ 200 =                     |                        |  |
|  | FIRST PRES     | RST PRESENTATION OF MULTIPLE DEPENDENT CLAIN |                              |   |       |                     |     | + \$ 180 = -        |                              | OR                            | + \$ 360 =                     |                        |  |
|  |                |  |                              |   |       |                     |     | TOTAL ADDIT.<br>FFF |                              | OR                            | TOTAL ADDIT.<br>FFF            |                        |  |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> <li>The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.</li> </ul> |                |  |                              |   |       |                     |     |                     |                              |                               |                                |                        |  |